

## DECLARATION FOR U.S. PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

(Insert Title) STEREOENDOSCOPE WHEREIN IMAGES HAVING PASSED THROUGH PLURAL INCIDENT PUPILS ARE TRANSMITTED BY COMMON RELAY OPTICAL SYSTEMS

the specification of which (check one of blocks 1, 2 or 3)

1.    is attached hereto.

2.    was filed on                      as  
International PCT Application Serial No.               
and was amended on                     .  
(if applicable)

3. X was filed on March 16, 1995  
U.S. Application Serial No. 08/404,890  
and was amended on                     .  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed.

<u>H6-47189</u> (Number)	<u>Japan</u> (Country)	<u>17/03/94</u> (Day/Month/Year Filed)	Priority Claimed <u>X</u> Yes <u>  </u> No
<u>H6-264004</u> (Number)	<u>Japan</u> (Country)	<u>27/10/94</u> (Day/Month/Year Filed)	<u>X</u> Yes <u>  </u> No
<u>H6-103084</u> (Number)	<u>Japan</u> (Country)	<u>17/05/94</u> (Day/Month/Year Filed)	<u>X</u> Yes <u>  </u> No
<u>                    </u> (Number)	<u>                    </u> (Country)	<u>                    </u> (Day/Month/Year Filed)	<u>  </u> Yes <u>  </u> No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

List Prior U.S. Applications:

(Appln. Serial No.) (Filing Date) (Status: Patented, Pending, Abandoned)

(Appln. Serial No.) (Filing Date) (Status: Patented, Pending, Abandoned)

(Appln. Serial No.) (Filing Date) (Status: Patented, Pending, Abandoned)

And I hereby appoint as principal Attorneys:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full name of fourth joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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Full name of fifth joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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Full name of sixth joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

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Full name of seventh joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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Citizenship \_\_\_\_\_

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Full name of eighth joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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